

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-039882

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 252

FILED OCT 17 1962

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	
Length of stay in b. 3 Yrs.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If outside, give location) 1039 Vine St.	
3. NAME OF DECEASED (Type or print) First OTTO Middle ERNEST Last WEINRICH		4. DATE OF DEATH Month 10 Day 5 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-19-1893
9. AGE (last birthday) 68		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Mokane, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME August Weinrich		13b. MOTHER'S MAIDEN NAME Carolyn Oberdick	
14. NAME OF HUSBAND OR WIFE Nora Weinrich		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Nora Weinrich	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Coronary arteriosclerosis DUE TO (c) Cerebral thrombosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 5:00 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 14, 1960 to Oct. 5, 1962 and last saw him alive on Oct. 4, 1962 Death occurred at 5:00 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. J. Cawty, M.D.		22b. ADDRESS 1144 Main St. St. Charles, Mo.	
22c. DATE SIGNED Oct. 5, 1962		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Oct. 7, 1962		23c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran Cemetery	
23d. LOCATION (City, town, or county) St. Charles, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Arthur C. Baue Funeral Home		25. DATE RECD. BY LOCAL REG. 10-7-62	
26. REGISTRAR'S SIGNATURE Marcella Wilson		27. (Licensed Embalmer's Statement on Reverse Side)	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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OCT 18 1962

NOV 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Connie L. Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.